


Overcoming
Implementation
Barriers in
Addressing
Depression and
Suicidality in
Schools

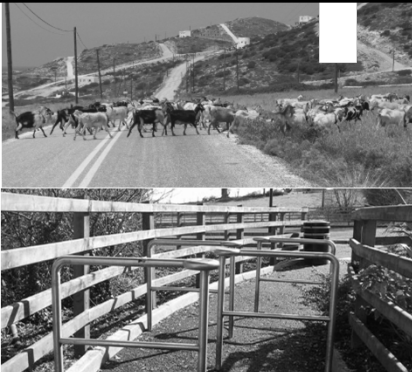
Mary Margaret Kerr



Our agenda

- ▶ Identify implementation challenges in addressing suicide prevention in school settings
- ▶ Identify resources and solutions to address these challenges.

How do we think about barriers?

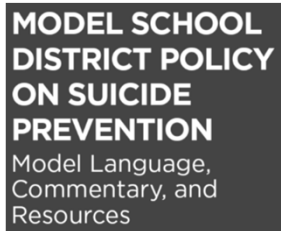


What are the evidence-informed components we need to consider?

- 1. Policies and Procedures
- 2. Data Collection/Planning
- 3. Training
- 4. Social Media/Internet
- 5. Student Programs
- 6. Identifying At-Risk Students
- 7. Accessing Help
- 8. Postvention


1. Policies and Procedures: Problems

- ▶ Mental health policy templates may be so comprehensive and/or complicated that a board member cannot fully understand them or feel comfortable imposing them on school employees.
- ▶ <https://afsp.org>



Barriers to Recognize

- ▶ Policy is adopted at the board level. Yet, most mental health providers have never been on a school board or served as school leaders.
- ▶ Board members typically have no specialized expertise suicide prevention. Yet, they must answer to and convince voters, employees, and the general public and be mindful of liability.



What's the solution?

- ▶ Board training on suicide prevention
- ▶ Joint development of policies and procedures, including trusted employees and community members who can advocate for the changes.
- ▶ Preparing board members for their "pitches" to their audiences.



2. Data collection and Planning



Too many moving parts

Principal: "Oh sure, let me pull the only secretary I have and tell her to gather that data for you right now. . . NOT LIKELY!"

MH expert: "Why don't they get the importance of tracking these high risk kids? Have they seen the national data?"

We don't use a common language.

We miss the nooks and crannies inside a district.

"Why don't they get it?"

What's in the nooks and crannies?



What lives under the MTSS Umbrella



SHiPE

School Health Assessment and Performance Evaluation System

Suggestion: Adopt tools to gather data and pull the supports altogether



3. Training Challenges

- ▶ Teachers are not always sure they can identify children who need help (Sisask et al., 2014; Reinke et al., 2011).
- ▶ Teachers are unaware of crisis procedures for suicidal students (Konopinski, 2011; Westefeld, 2007).
- ▶ Teachers are too often asked to take on roles that collide with teaching.

Training Challenges

- Educators learn the *content* of suicide prevention training and can correctly answer knowledge questions (Hatton et al., 2017; Reis & Cornell, 2008).
- However, their knowledge may diminish within three months (Cross et al., 2011; Ubido & Scott-Samuel, 2014).
- Training sometimes comes in the context of *postvention* (Freedenthal & Breslin, 2010).

Suggestions

Offer	Offer training to all who interact with students.
Give	Give educators a protocol to follow when they are concerned. (Ross, Kolves, & De Leo, 2016).
Adopt	Adopt training that is interactive.

Evidence-based Examples

- ▶ **ACT on FACTS**, 2 hour online interactive training, uses lecture, question and answer with content experts, interactive exercises and role plays. <https://www.sprc.org/resources-programs/making-educators-partners-youth-suicide-prevention-act-facts>
- ▶ **Applied Suicide Intervention Skills Training (ASIST)**, 2-day interactive workshop in suicide first aid. Participants don't need formal training to attend —anyone 16 or older can learn and use the ASIST model. <https://www.livingworks.net/programs/assist/>

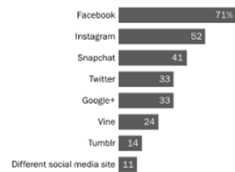
Youth Mental Health First Aid USA

- ▶ 8 hour program or two 4-hour sessions



Facebook, Instagram and Snapchat Top Social Media Platforms for Teens

% of all teens 13 to 17 who use ...



Source: Pew Research Center's Teens Relationships Survey, Sept. 25-Oct. 9, 2014 and Feb. 10-Mar. 16, 2015. (n=1,050 teens ages 13 to 17).
 PEW RESEARCH CENTER

4. Social Media

COVERT COMMUNICATIONS

#MySecretFamily

repost if you battle with any of these and put the name in your profile

Disorder	Girls	Boys
Anorexia	Ana	Rex
Bulimia	Mia	Bill
Paranola	Perry	Pot
Anxiety	Annie	Max
ADD/ADHD	Addie	Andy
OCD	Olive	Owen
Borderline	Bella	Ben
Bipolar	Bri	Bob
Schizophrenia	Sophie	Skip
Insomnia	Izzy	Isiah
EDNOS	Ellie	Ed
Self Harm	Cat	Sam
Depression	Deb	Dan
Suicidal	Sue	Dallas

#MySecretFamily -Cat -Deb -Sue -Mia pic.twitter.com/a5tDu2xkel

COVERT COMMUNICATIONS

Moreno, M. A., Ton, A., Selkie, E., & Evans, Y. (2016). Secret Society 123: Understanding the language of self-harm on Instagram. *Journal of Adolescent Health, 58*(1), 78-84.

Teen perspectives

- ▶ "In this generation, pop culture plays a large role (positive and negative) about suicide and depression. Personally, most of my knowledge about suicide has come from books, songs, movies, and television series (*Thirteen Reasons Why*, *All the Bright Places*, *Perks of Being a Wallflower*, *1-800-273-8255 [Logic]*).
- ▶ For instance, the television show *Thirteen Reasons* came out last year. The way that the suicide was portrayed in the show made it appear noble and self-freeing."

Suggestions

- ▶ <http://www.shapethesky.org> for downloadable resources and training for parents and professionals.
- ▶ Encourage students to use available on-line resources
- ▶ Use programs such as Go Guardian to monitor and report on-line activity on district-issued devices.

#BeThe1To

How To Take Care Of Yourself
If you're struggling, please feel free to call the Lifeline. We're available 24/7 and confidential.

<p>Know you are not alone: 1.6B+ people around the world have been through the same struggle. Check out the stories of hope and recovery at the bottom of the page to see how they cope.</p>	<p>Build your support network: Find people in your life who will help keep you safe and who you can lean on if you feel depressed or suicidal.</p>
<p>Talk to someone: Strengthen yourself. Don't keep suicidal feelings to yourself. Lean on your support network, find a therapist, or a support group, or adcs.touchofhope.org.</p>	<p>Make a safety plan: Have a step-by-step plan ready for when you feel depressed, suicidal, or in crisis, so you can start at step one and continue through the steps until you feel safe.</p>

Suggestions: Social Media Help

- ▶ **Facebook Help Center:** Report Suicidal Content/<https://vimeo.com/160565004>
- ▶ **Twitter:** Click below report threats of suicide or self-harm to Twitter. Twitter will send the user a direct message with the Lifeline number.
- ▶ **Instagram:** Tap "..." below the post, Tap Report Inappropriate, Select This Photo Puts People At Risk > Self-Harm.
- ▶ **YouTube:** Click "More." Highlight and click "Report" in the drop-down menu. Click "Harmful dangerous acts," then "Suicide or self-injury." YouTube will review the video and may send a message to the uploader with the Lifeline number.


Suggestion: Prepare for media events that promote suicide

13 Reasons Why (Season 2) Toolkit

- ▶ talking points, tip sheets, guidelines, links, and resources to help teens, parents, schools, and professionals respond appropriately
- ▶ led by Drs. Jacobson and Rozel, Pittsburgh psychiatrists
- ▶ 13reasonswhytoolkit.org

5. Barriers to Student Education Programs


- ▶ A teen: "I would ignore health information mostly based on presentation and context. For instance, I would be more open to a pamphlet given during a youth conference than one given in a doctor's office. I would be more receptive to health information that is presented in a collected, organized manner that is easy to decipher than if it is too wordy and disorganized. Also, I would be more responsive to the information based on its wording – like is it talking down to me or treating me like a capable adult?"
- ▶ A middle schooler: "It has SMH printed on the cover. That should tell you something!"
- ▶ A superintendent: "I didn't know it wasn't a proven program. I just had to put something in place to respond to the public outcry."
- ▶ A MH consultant: "The YRBS data showed the risky behavior began long before the so-called prevention curriculum. When I asked kids about it, they joked that they could be the instructors."
- ▶ A principal: "Have you seen all the content we already have to cover before the state tests?"



PREVENTING SUICIDE
A Toolkit for High Schools

Solutions

- ▶ Adopt only programs with a good evidence base, which have involved student input. You can find them here:
 - ▶ <http://www.sprc.org/resources-programs>
 - ▶ SAMHSA/SPRC Toolkit
 - ▶ SOS Signs of Suicide Program
- ▶ Consider early grades, too: Good Behavior Game, *Second Step* Program



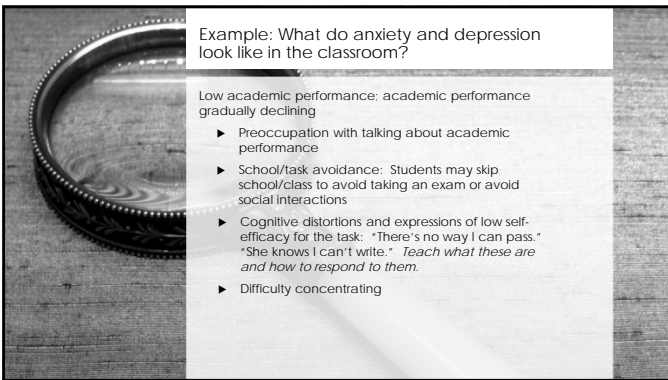
6. Identifying Youth at Risk

Lessons from the Field

- ▶ Teacher: "It would take me 30 minutes to figure out what half this mental health rating scale even means."
- ▶ Mental Health Provider: "Why don't they answer my calls?"
- ▶ Parent: "I can't manage all these lists. Could someone please tell me what to look for?"
- ▶ Youth: "How can they not see that my world is crashing in here?"

Use common language

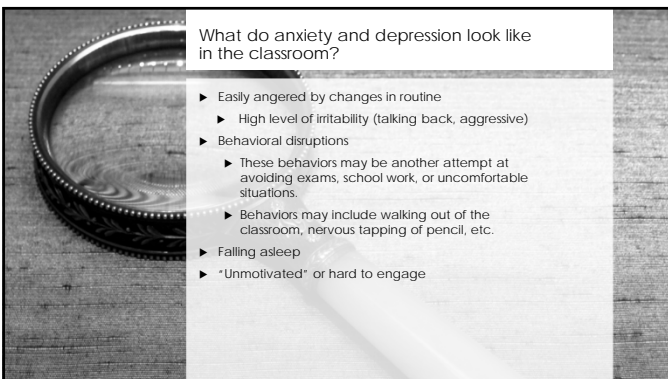
- ▶ DSM-V isn't a bestseller.
- ▶ Ask about behaviors and emotions that the person can see in their setting.
- ▶ Use "kitchen table" language.
- ▶ Use scores for quick youth check-ins: "If 100 is so much pain you can't stand it, and 0 is totally chill. . ."



Example: What do anxiety and depression look like in the classroom?

Low academic performance: academic performance gradually declining

- ▶ Preoccupation with talking about academic performance
- ▶ School/task avoidance: Students may skip school/class to avoid taking an exam or avoid social interactions
- ▶ Cognitive distortions and expressions of low self-efficacy for the task: "There's no way I can pass." "She knows I can't write." *Teach what these are and how to respond to them.*
- ▶ Difficulty concentrating



What do anxiety and depression look like in the classroom?

- ▶ Easily angered by changes in routine
- ▶ High level of irritability (talking back, aggressive)
- ▶ Behavioral disruptions
 - ▶ These behaviors may be another attempt at avoiding exams, school work, or uncomfortable situations.
 - ▶ Behaviors may include walking out of the classroom, nervous tapping of pencil, etc.
- ▶ Falling asleep
- ▶ "Unmotivated" or hard to engage

Other suggestions

- Implement screening for mental health risk.
- Use a standard well-recognized risk assessment so students aren't missed and to facilitate the referrals.
 - Herowitz, L. M., Bridgeman, J. A., Teach, S. J., Ballard, E., Kimb, J., Rosenfeld, D. L., & Joshi, P. (2012). Ask Suicide-Screening Questions (ASQ): a brief instrument for the pediatric emergency department. *Academy of Pediatrics & Adolescent Medicine, 166*(12), 1110-1116.
 - Kerr, P. L., & Muehlenkamp, J. J. (2010). Features of psychopathology in self-injuring female college students. *Journal of Mental Health Counseling, 32*, 290-308.

Table 2. Evaluating Risk for Self-Harm (SI) or Suicide: A Screening Guide

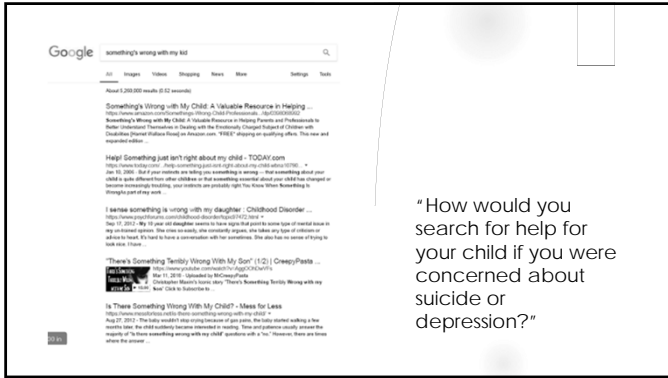
What to assess	How to assess it	High Risk Indicators Warranting Referral for Immediate Mental Services
Suicidal ideation	<ul style="list-style-type: none"> ◦ "Specific behaviors" might be elicited with direct questioning. Don't make people "guess" about their suicidal thoughts. ◦ Ask about "thoughts of when you don't feel good" when you are not alone. ◦ Ask about suicidal thoughts when you don't expect to hear them. 	<ul style="list-style-type: none"> ◦ Intent to harm self ◦ Thoughts about suicide while still self-questioning ◦ Suicide ideation with suicidal ideation
Triggers	<ul style="list-style-type: none"> ◦ "When do you feel suicidal thoughts?" ◦ "When do you feel suicidal thoughts?" 	<ul style="list-style-type: none"> ◦ Multiple triggers ◦ 1 or 2 triggers
Onset	<ul style="list-style-type: none"> ◦ "When did you first experience suicidal thoughts?" 	<ul style="list-style-type: none"> ◦ Late/abrupt onset ◦ Recurrent onset or history of suicide
Precipitation	<ul style="list-style-type: none"> ◦ "What event or event has led to suicidal thoughts?" 	<ul style="list-style-type: none"> ◦ Loss of a loved one ◦ Loss of a job ◦ Loss of a relationship ◦ Loss of a friend ◦ Loss of a pet ◦ Loss of a significant other ◦ Loss of a significant other
Seriousness of ideation	<ul style="list-style-type: none"> ◦ "How often do you think about suicide?" ◦ "How often do you think about suicide?" ◦ "How often do you think about suicide?" 	<ul style="list-style-type: none"> ◦ Frequency of thoughts ◦ Intensity of thoughts ◦ Duration of thoughts ◦ Specificity of thoughts
Frequency	<ul style="list-style-type: none"> ◦ "How often do you think about suicide?" ◦ "How often do you think about suicide?" ◦ "How often do you think about suicide?" 	<ul style="list-style-type: none"> ◦ High frequency of thoughts ◦ High intensity of thoughts ◦ High duration of thoughts ◦ High specificity of thoughts
Intensity of self-harm signs	<ul style="list-style-type: none"> ◦ "How often do you think about suicide?" ◦ "How often do you think about suicide?" ◦ "How often do you think about suicide?" 	<ul style="list-style-type: none"> ◦ 7/10 or higher
Response	<ul style="list-style-type: none"> ◦ "How often do you think about suicide?" ◦ "How often do you think about suicide?" ◦ "How often do you think about suicide?" 	<ul style="list-style-type: none"> ◦ High response to treatment ◦ High response to treatment ◦ High response to treatment
Specific response	<ul style="list-style-type: none"> ◦ "How often do you think about suicide?" ◦ "How often do you think about suicide?" ◦ "How often do you think about suicide?" 	<ul style="list-style-type: none"> ◦ High response to specific treatment ◦ High response to specific treatment ◦ High response to specific treatment

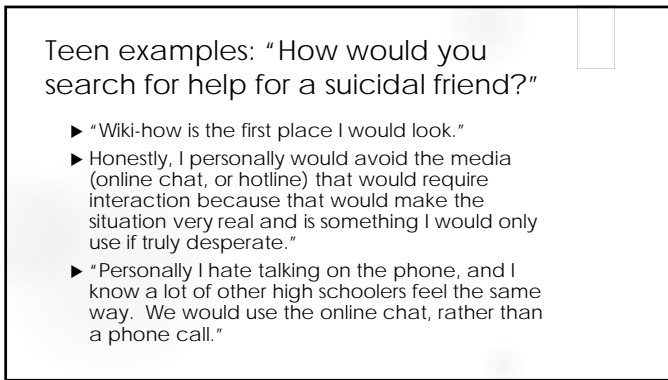
7. Barriers to Accessing Help

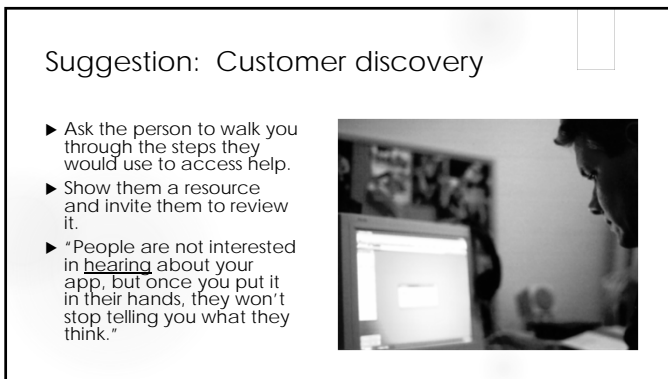


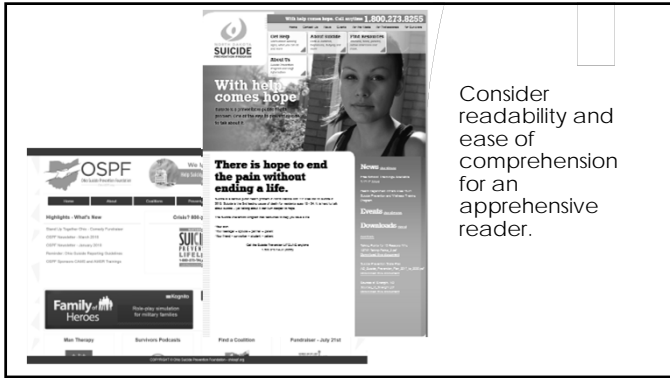
What parents and staff tell us

- "They told me to get my son a therapist. The pediatrician even wrote the prescription for an appointment. But I had no idea how to do that. Now, my son's dead. . .and that paper is still on the refrigerator."
- "I got this letter from the school, telling me they are concerned about my kid. At the bottom it listed a bunch of therapists. I called a couple but I just got a voicemail. Who runs an office like that? And why would the school recommend them?"
- "We could not get the student an evaluation because the parent would not take him to the hospital. She kept saying, 'he's just doing it for attention.' We aren't allowed to petition the court as school employees."

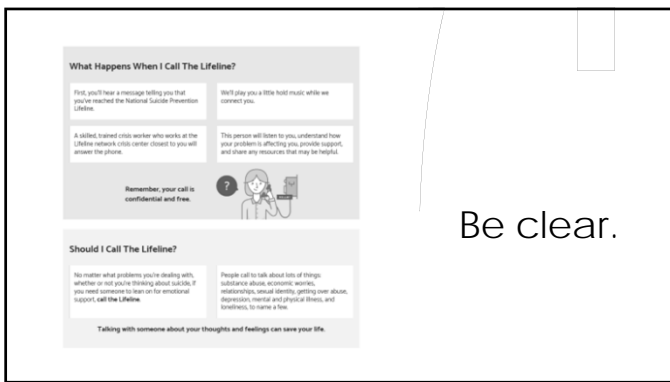








Consider readability and ease of comprehension for an apprehensive reader.



Be clear.

Use mnemonics to cue people what to do

- ▶ Effective programs to equip students to recognize warning signs for suicide and intervene often incorporate mnemonics such as LAST (Listen, Act, Show support, Tell an adult), ACT (Acknowledge, Care, Tell), and QPR (Question, Persuade, Refer). The mnemonics might be adaptable for use in media campaigns that target the general population. (Pirkis et al., 2016)

Integrate and accelerate care.

- ▶ "The *headspace* model, developed in Australia, creates stand-alone, integrated care sites for young people ages 12-25 to access early mental health supports, along with school support and web-based connectivity. *headspace* approaches youth wellness in a comprehensive and youth-friendly way, reaching them in clinical sites, online, and in schools."
<https://med.stanford.edu/psychiatry/special-initiatives/headspace.html>

Ohio Community Collaboration Model for School Improvement

- ▶ Allow employees to petition in emergencies.
- ▶ Coordination between health care providers and schools, using proven approaches and tools.
- ▶ Anderson-Butcher, D., Lawson, H., Bean, J., Boone, B., Kwiatkowski, A., et al. (2004). Implementation guide: The Ohio Community Collaboration Model for School Improvement. Columbus, OH: The Ohio Department of Education.

8. Postvention Challenges

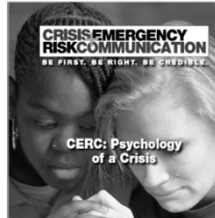
- ▶ Public demands for information or action
- ▶ Media coverage
- ▶ Contagion
- ▶ Screening and follow ups—no time for them in the school calendar
- ▶ Memorials

Suggestions

- ▶ Prepare through simulations and refreshers (See SAMHSA Toolkit or Kerr, M. M.,(2016) *School Crisis Prevention and Intervention for protocols*)
- ▶ Prepare for schoolwide screening:
 - ▶ Our findings suggest that future postvention programs should direct increased attention to students who are less close friends of the decedent, and to students with concomitant negative life events including those who may not previously have manifested noticeable symptomatology, and who therefore may not previously have come to the attention of guidance personnel. (Gould, Lake, Kleinman, Galfalvy, Chowdhury, & Madnick, 2018, p. 455).

Suggestions for Communications

- ▶ "CDC's Crisis and Emergency Risk Communication (CERC) draws from lessons learned during past public health emergencies and research in the fields of public health, psychology, and emergency risk communication." <https://emergency.cdc.gov/cerc/index.asp>





Adopt memorial policies in advance, for all causes of death.

In closing, keep working together . . . until we all get it right.



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